CHANGE OF NAME FORM

Date:
(original name), a corporation/partnership/sole proprietorship organized under the laws of the State of, has changed its name to(new name) by amendment to its certificate of
incorporation/license to conduct business/registration under the laws of the State of
As a party to
only a change of business name, and all rights and obligations of either party under the below listed Subcontract(s) are not effected in any way by this agreement. Further, Buyer may rely on this request as being binding on Subcontractor, and may make all future payments to the Subcontractor in the new name.
Subcontract/PO #:
By:
MSA Contract Specialist
By: Authorized Subcontract Representative
Title:
Submit completed form to:

Mission Support Alliance Attn: Kaylee Morris P. O. Box 650 Mailstop: H7-08

Richland, WA 99352-0650